

<b>Case Number:</b>	CM14-0015939		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 62 year old with an injury date on 6/4/09. Patient complains of worsening, constant cervical pain that radiates into head/bilateral clavicle, and constant bilateral shoulder pain, left > right, that radiates into neck/head/fingers of bilateral hands per 12/13/13 report. Patient also began noticing numbness/tingling on the left side of her face in late summer of 2013, and a subsequent head MRI revealed "stress in her head" per 12/13/13 report. Based on the 12/13/13 progress report provided by [REDACTED] the diagnoses are: 1. Cervical spine mild degenerative disc disease at C2 through per x-ray examination. 2. Right upper extremity radicular complaints. 3. Right trapezial myofasciitis. 4. Right shoulder partial-thickness rotator cuff tear per MRI scan of June 4, 2009. 5. bilateral shoulder impingement syndrome. 6. Left shoulder partial thickness tear of the rotator cuff tendon; significant amount of inflammation in the subacromial bursa; hypertrophic changes and increased signal at the AC per MRI 1/5/12. 7. hypertension, deferred to appropriate physician. 8. acid reflex, deferred to appropriate physician. 9. Depression and anxiety, deferred to appropriate physician. 10. sleep difficulties, deferred to appropriate physician. Exam on 1/31/13 showed "C-spine range of motion shows pain in flexion/extension. Bilateral shoulders show tenderness to palpation over lateral/anterior aspect." [REDACTED] requesting MRI of cervical spine, MRI of left shoulder, acupuncture for cervical spine and bilateral shoulders, once a week for six weeks, 3 additional medication follow up visits with psychiatrist, and 6 additional sessions of individual cognitive behavior studies. The utilization review determination being challenged is dated 2/3/14 and denies C-spine MRI due to lack of documentation of red flags, denies acupuncture due to patient's 30 sessions of prior acupuncture since 10/24/12, and denies psychiatric Follow-up as a peer review dated 12/16/13

certified request but no indication patient has completed visits. [REDACTED] is the requesting provider, and he provided treatment reports from 12/3/13 to 3/28/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **MRI OF CERVICAL SPINE: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

**Decision rationale:** This patient presents with neck pain and bilateral shoulder pain the physician has asked for MRI of cervical spine on 12/13/13. Review of the reports does not show any evidence of cervical MRIs being done in the past. In regard to chronic neck pain, AECOM requires red flag, and physiologic evidence of tissue insult or neurologic dysfunction for specialized studies. ODG guidelines also support MRI's for neurologic signs and symptoms. In this case, the patient has persistent right upper extremity symptoms. Given no evidence of an MRI for the patient's condition, an MRI would appear reasonable. The patient seems to have new symptoms as well. Recommendation is for authorization.

#### **MRI LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** This patient presents with neck pain and bilateral shoulder pain. The physician has asked for MRI of left shoulder on 12/13/13. Patient had a right shoulder MRI on 6/4/09 and a left shoulder MRI on 1/5/12. Regarding shoulder MRIs, ACOEM guidelines state that routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. In this case, the patient does not present with any new symptoms in the shoulders, or any red flags that would necessitate a repeat MRI. The requested MRI of left shoulder does not seem medically necessary at this time. Recommendation is for denial.

#### **ACUPUNCTURE FOR THE CERVICAL SPINE AND BILATERAL SHOULDERS, ONCE (1) A WEEK FOR SIX (6) WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** This patient presents with neck pain and bilateral shoulder pain. The physician has asked for acupuncture for cervical spine and bilateral shoulders on 12/13/13. Review of the reports does not show any evidence of acupuncture being done in the past. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the included reports do not show a history of prior acupuncture, but the utilization review dated 2/3/14 states patient had 30 prior acupuncture sessions without documentation of efficacy since 10/24/12. The requested acupuncture for cervical spine and bilateral shoulders, once a week for six weeks is not indicated for this patient at this time. MTUS states that acupuncture treatments may be extended only if functional improvement is documented. Recommendation is for denial.

**SIX (6) ADDITIONAL SESSIONS OF INDIVIDUAL COGNITIVE BEHAVIORAL SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Mental Stress Cognitive Behavior Therapy Studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. (Crits-Christoph, 2001) See Number of psychotherapy sessions for more information. ODG Psychotherapy Guidelines: - Up to 13-20 visits over 7-20 weeks (

**Decision rationale:** This patient presents with neck pain and bilateral shoulder pain. The physician has asked for 6 additional sessions of individual cognitive behavior studies on 12/13/13. Regarding Cognitive Behavior Therapy, ODG states that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG Psychotherapy Guidelines allow up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. In this case, the included documentation does not include how many sessions patient has had nor does it mention the efficacy of previous sessions. There is no documentation of a major depression or other psychiatric disorder. For chronic pain, cognitive behavioral therapy treatments are recommended at 6-10 sessions with demonstration of benefit. It is not known how many treatments this patient has had and without the physician discussing the patient's treatment history and efficacy, additional treatments would not be consistent with MTUS. Recommendation is for denial.

**3 ADDITIONAL MEDICATION FOLLOW UP VISITS WITH THE PSYCHIATRIST:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 405.

**Decision rationale:** This patient presents with neck pain and bilateral shoulder pain. The physician has asked for 3 additional medication follow up visits with psychiatrist on 12/13/13. ACOEM states that frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. In this case, the patient presents with symptoms of depression and anxiety. The requested follow up visits with a psychiatrist would appear reasonable for this patient's condition at this time. Recommendation is for authorization.